

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	835997	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10	1					
11		1				
12		1				
13	1					
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46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	18	↔	↔	↔		
TOTAL	25					

•		•		•	
IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		↔	↔	↔	
TOTAL DEP.		↔	↔	↔	
TOTAL	25				